

# COMMONWEALTH of VIRGINIA Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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# COMMONWEALTH of VIRGINIA

## Department for the Aging

Jay W. DeBoer, J.D., Commissioner

#### **MEMORANDUM**

**TO:** Executive Directors

Area Agencies on Aging

**AND:** Nutrition Directors

FROM: Carol Cooper Driskill

**DATE:** November 25, 2003

**SUBJECT: Service Standard Reminder: Physical Activity at Congregate Sites** 

Congregate Nutrition Services - Physical Activity and Exercise:

Voluntary participant-appropriate physical activities shall be offered on a continuing basis, with the goal of at least weekly. Daily participant-appropriate physical activity will be provided as feasible. Participants will be advised to discuss the physical activity program with their physician or health care professional.

Attached is a press release that although dated, contains pertinent information on physical activity and older Americans.

Two additional resources include *Physical Activity and Older Americans: Benefits and Strategies* pulls together data from various studies and scientific sources to illustrate the benefits and accessibility of physical activity for older Americans. Read it at <a href="http://www.ahrq.gov/ppip/activity.htm">http://www.ahrq.gov/ppip/activity.htm</a>.

The National Institute on Aging at the National Institutes of Health published *Exercise: A Guide from the National Institute on Aging*, a booklet for older Americans beginning an exercise routine. The book and accompanying videotape were distributed during 2001 congregate site manager workshop at Piedmont Geriatric Hospital. The following book introduction contains helpful information: <a href="http://www.nia.nih.gov/exercisebook/intro.htm">http://www.nia.nih.gov/exercisebook/intro.htm</a>.

# HHS REPORT PROMOTES BENEFITS OF PHYSICAL ACTIVITY FOR OLDER AMERICANS June 21, 2002

HHS today released a new report finding that frail health often associated with aging is in large part due to physical inactivity, but that it's never too late to benefit from becoming physically active. The report also provides strategies that individuals, clinicians and communities can follow to foster greater activity among older Americans.

The report cites that although the benefits of physical activity increase with more frequent or intense activity, even moderate levels of activity -- such as washing a car or raking leaves -- can produce substantial benefits, which can be even more pronounced in older adults. These benefits can include preventing or delaying chronic diseases such as heart disease, diabetes and high blood pressure, as well as reducing the risk of colon cancer and improving the ability to function for people with arthritis and lung disease.

HHS released the report as President George W. Bush visited a senior center in Orlando as part of his call on all Americans to become more active under the administration's new Healthier U.S. initiative announced Thursday.

"Older Americans shouldn't fall trap to the mindset that aging automatically means inactivity and limited physical ability," said Secretary Thompson. "Few factors contribute so much to successful aging as regular physical activity, and it's never too late to start. Even moderate activity can make a real difference in a person's health and well-being. Being active is fun and healthy."

Few older Americans achieve the minimum recommended 30 or more minutes of physical activity on five or more days a week. About 28 percent to 34 percent of adults aged 65-74 and 35 percent to 44 percent of adults age 75 are inactive, meaning they report no leisure-time moderate activity. Lack of physical activity and poor diets are the major causes of an epidemic of obesity that is affecting the elderly as well as younger populations.

By 2030, the number of older Americans is expected to double from 35 million to 70 million people. Currently, almost one-third of total U.S. health care expenditures is for older adults. Given this aging trend, the impact of a lack of physical activity on medical care costs is likely to grow as a result of an aging population, unless trends in physical activity change.

"No one is too old to enjoy the benefits of regular exercise. Healthy lifestyles, which include proper nutrition, are more influential than genetic factors in avoiding deterioration traditionally associated with aging," said HHS Assistant Secretary for Aging Josefina G. Carbonell. "Caregivers caring for their family members and friends can also benefit greatly from regular exercise."

Recent research has identified a number of strategies that are effective in promoting regular physical activity for Americans. Individuals are encouraged to find activities that are enjoyable and to make them a daily part of life, setting specific activity goals that gradually increase. Clinicians are encouraged to work closely with patients to assess levels to physical activity and how to overcome barriers to increasing those activity levels. Communities also play a role. They can establish programs tailored to seniors' physical activity needs and improve places such as walking or bike trails where people can be active, and sidewalks and streetlights to enhance safety when walking.

"The importance of physical activity to older Americans can't be stressed too much," said Secretary Thompson. "An active lifestyle is achievable and it helps people live independently longer."

The report "Physical Activity and Older Americans: Benefits and Strategies" pulls together data from various studies and scientific sources to illustrate the benefits and accessibility of physical activity for older Americans. It is available at <a href="http://www.ahrq.gov/ppip/activity.htm">http://www.ahrq.gov/ppip/activity.htm</a>.

The National Institute on Aging at the National Institutes of Health has published the booklet "Exercise: A Guide from the National Institute on Aging" with information for older Americans on beginning an exercise routine. It is available at <a href="http://www.nia.nih.gov/exercisebook/intro.htm">http://www.nia.nih.gov/exercisebook/intro.htm</a>.

# COMMONWEALTH of VIRGINIA

## Department for the Aging

Jay W. DeBoer, J.D., Commissioner

#### **MEMORANDUM**

**TO:** Executive Directors

Area Agencies on Aging

FROM: Carol Cooper Driskill

**DATE:** November 25, 2003

**SUBJECT: Generic Prescription Drugs** 

Attached are two interesting articles from the website of a television news station in Houston, Texas. I'm sharing it FYI.

#### Read from their website at:

http://www.khou.com/news/defenders/consumer/stories/khou031117 nh upcloseprescription.168973b8.html



Up Close: Cost of generic drugs varies wildly

# 02:53 PM CST on Wednesday, November 19, 2003 By Eileen Faxas / 11 News Defenders

http://www.khou.com/news/defenders/consumer/stories/khou031117\_nh\_upcloseprescription.168973b8.html

HOUSTON -- As the doors to the pharmacy slide open, the dreaded walk begins. There is a choice to be made. Groceries? The light bill? Or the vital medicine this person needs?

Dr. Cyril Wolf, a family practitioner in Houston, knows this scenario has played out countless times: "I had a patient who came in. I said your blood pressure is high. Your sugar is high. Why haven't you been in? She said because she lost her job and couldn't afford the medication."

That was yet another of Dr. Wolf's patients who chose not to finish that walk to the pharmacy. There have been many others. Kathy Frank couldn't afford to be one of them.

"It is very important," she says. "I probably will be on it for the rest of my life."

Frank has a prescription drug she can't do without. But she's also one of the nearly nine million people who lost jobs this year, and there went her insurance. So she started going online, searching Canadian websites, thinking they would yield affordable medicine. But her doctor had another idea...

"My doctor told me to try Costco."

Normally, physicians just prescribe. But Dr. Wolf did something more.

"I checked with Costco and Walgreens and the price difference was so astounding that I thought to myself this can't be true," he said, sitting in his office.

The physician started sleuthing, calling Walgreens, Eckerd Drugs, CVS, Sam's Club and Costco... asking each pharmacy its price for several popular generic drugs. What did he find when he asked about anti-depressants, anti-hypertensives, antibiotics?

"I was amazed," he says. "I just could not believe this."

Walgreens, Eckerd and CVS charged the most every time. Sam's Club was dramatically less and Costco was the cheapest of all.

Dr. Wolf said, "We're not talking about a couple of dollars. We're talking about anything from 50% to 80% less."

90 tablets of generic Prozac cost \$117 at Walgreens, \$115 at Eckerd and CVS but \$15 at Sam's Club and \$12 at Costco. That's \$105 difference from top to bottom.

What about Metformin, a popular generic for diabetes? 180 pills are \$110 at Walgreens, \$106 at Eckerds, \$113 at CVS, but \$37 at Sam's Club and \$33 at Costco. That's an \$80 span.

These aren't flukes. 11 News Defenders checked prices for eight common generic drugs and the same pattern emerged, the same double, triple and quadruple prices.

Albuterol for asthma, \$27 at Walgreens, \$8 at Sam's. Zestril for blood pressure, \$71 at CVS, \$16 at Costco.

We're used to hearing about the sky-high cost of drugs. But the focus has been on the pharmaceutical industry, not the pharmacies themselves. Yet pharmacies set their own prices on generic drugs. So if you're one of millions of uninsured Americans, this is your news flash: It's time to comparison-shop for drugs.

CVS Pharmacy defends its prices by pointing to its drive throughs, 24-hour stores and customer service. Their spokesperson says shopping there is not just about price.

Or is it? Asks Dr. Wolf. "There's a lot more profit and it needs to be exposed."

The chains say they push generics because it means savings for you, but a Walgreens spokesman admits that's where they make their money, not with the brand-name drugs. Eckerd, like many pharmacies, engages in the practice of sending letters to physicians, recommending they switch consumers to generic versions of drugs.

Dr. Wolf refuses. "The chains are taking advantage of the public." He says, "Unless Costco is selling an inferior drug, which I don't think the government would allow, it appears that the chains are selling the drugs for far more than they should."

Whenever Kathy Frank gets another job and gets insurance again, she says she'll probably keep paying full price for her prescription through Costco. Why would she do that? Because the Costco price is cheaper than a co-pay. "Why would I want to go through my insurance plan and pay \$30, when I could just pay \$23?"

Another news flash. You don't need to be a member of Costco or Sam's Club to use their pharmacies.

Walgreens says its drugs are not overpriced, and as proof, says its pharmacies make just a two percent profit. Eckerds told us its prices are competitive if you look at all their drugs. Plus, Eckerds will match competitor prices.

Costco told us it usually prices generic drugs at ten-percent over cost and is proud to be so competitive. And, after talking to us, Sam's Club is dropping its prices to beat Costco!

Printable: Drug price comparison



## Costco deluged with price shoppers

# "We've had to put on an additional five people to field the phone calls"

#### 02:52 PM CST on Wednesday, November 19, 2003 By Eileen Faxas / 11 News

HOUSTON – Monday night the 11 News Defenders revealed the astounding price differences you'll find at pharmacies for generic prescription drugs. And the story is generating powerful reactions.

11 News has gotten calls, emails and over 1,000 hits to our Web page -- all over Monday night's Up Close on generic drug prices.

The experiment was simple. Call Walgreen's, Eckerd Drugs, CVS, Sam's Club and Costco to get prices on common generic drugs.

We found differences of \$30, \$80 and even \$105. Walgreen's, Eckerd's and CVS were always the most expensive. Sam's Club was dramatically less. And the cheapest of all was Costco.

Now the phones at Costco won't stop ringing. "We've had to put on an additional five people to field the phone calls for requests for pricing because of the value we have," says Costco General Manager John Cully.

#### And the lines?

"I saw you on television last night," says Bob Wells as he stood in line at Costco's.

Yvonne Harris adds, "And that's why I'm here today."

"To check prices for the prescriptions that I take," continues Anne Lipscomb

We found excitement mingled with anger.

"It just makes me furious because there are so many people who can't afford medications," says Sue Ann Nichols. "And they don't get what they need."

But how much cheaper were they? Take for example the price differences for the generic for Ziac, an anti-hypertensive. It is \$95 at Walgreen's and CVS, \$80 at Eckerd's. But it is \$41 at Sam's Club and \$17 at Costco. A \$78 difference from highest to lowest!

Now the two Costco pharmacies in town are on overload.

Both Houston Costco's needed extra pharmacists. The Interstate-10 store got more than 1,000 requests for prices and filled 300 prescriptions. A normal day would be 75 prescriptions.

"It's overwhelming," says Costco General Manager John Cully. "Caught us off-guard a little bit."

"I saw you last night and that's why I'm here today," says Yvonne Richards. "To see if we can beat my insurance."

Did the customers find what they came for? Anne Lipscomb would save \$7 a month and that was not enough to leave her long-time pharmacist.

Bob Wells felt the same although he would save \$35.

Yvonne Harris is switching to Costco to save \$40.

Sue-Ann Nichols found two generic drugs at Costco that are cheaper than her co-pay. And what's going to happen to her old pharmacy? "Bye Bye!" she laughs.

Many grocery stores and smaller, independent pharmacies also offer good prices. So check those, too.

For more information on pricing contact your local pharmacy

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#### **MEMORANDUM**

**TO**: Executive Directors

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**AND:** Nutrition Directors

FROM: Carol Cooper Driskill

**DATE:** November 25, 2003

SUBJECT: Don't Bug Me

I found the attached articles from the November 18, 2003 Woman's Day Magazine to be easy to read, brief, and informative. Some may be appropriate to share with congregate nutrition and home delivered nutrition clients. Articles include:

- **Stay Healthy Strategies:** Common sense tips that may help someone avoid getting sick.
- Don't Bug Me! How to Dodge Colds and Flu This Winter: List some differences between the cold and the flu.
- **How to Tell if It's Serious:** Discusses when "a cold" may be more serious than "a cold" and when a visit to a health care provider is needed.
- **Easy Ways to Battle the Bugs:** Offers suggestions to relieve symptoms caused by viral infections.
- Choosing an OTC Medication: What to look for in an over the counter medication and when it's necessary to talk with the physician or pharmacist first. A chart lists different products, what they do, and what the client should know.

# **Stay Healthy Strategies Don't Bug Me**

#### By Arricca Elin SanSone

Despite the many different kinds of colds and flu, it's important to do what you can to keep from getting sick.

## Wash your hands.

Before touching food and after tending to a sick person, scrub for 15 seconds with soap and warm water. Dry with a disposable towel.

## Don't touch your face.

"Cold viruses can live for a few hours on telephones or doorknobs, while influenza may survive up to six hours," says Linda Lambert, Ph.D., influenza, SARS and related respiratory diseases program officer for the National Institute of Allergy and Infectious Diseases. "Don't touch your face after touching these kinds of surfaces."

#### Get the flu shot.

A good idea for everyone, the flu shot is very important for the elderly or those at high risk. "The flu occurs at higher rates in people with asthma, diabetes or heart conditions," says Michael S. Niederman, M.D., spokesman for the American Lung Association. An inhaled vaccine called FluMist is now available. The vaccine is 70 to 90 percent effective, but you can still get sick before immunity develops (which can take four weeks) or if you pick up a flu strain not covered by the immunization.

#### Control stress.

Researchers at the University of Pittsburgh School of Medicine discovered that chronic stressors triple the likelihood of getting sick.

### Don't Bug Me! How to dodge colds and flu this winter

By Arricca Elin SanSone

You can't escape it. Your kids have runny noses, your colleague is sniffling and the guy behind you at the supermarket keeps sneezing. With an estimated 35 to 50 million Americans infected with the flu each year, along with about 62 million cases of the

common cold, chances are you'll catch something nasty this winter. Fortunately, you don't have to go it alone. We've got the latest bug-beating advice from top experts.

#### A Cold or a Flu?

Trying to distinguish between a cold and the flu is difficult. If your symptoms appear suddenly and are accompanied by an overwhelming feeling of exhaustion, it's probably the flu. Below, some subtle differences:

Symptom	Cold	Flu
Cough	Cough	Cough
Chest discomfort or pain	Mild	Severe
Fatigue, weakness	Mild	Severe
Fever	Rare	High (102 - 104 degrees); may last several days and be accompanied by chills
General aches and pains	Mild	Common, severe
Headache	Rare	Common, severe
Sneezing	Common	Sometimes
Sore throat	Common	Sometimes
Stuffy nose	Common	Sometimes
Duration	2 - 14 days	7 - 14 days

## How to Tell if It's Serious Don't Bug Me

#### By Arricca Elin SanSone

How do you know when a cold is more than a cold? "The key indicator is time," says Asriani Chiu, M.D., assistant professor of pediatrics, medicine and allergy at the Medical College of Wisconsin in Milwaukee. "If you have no underlying medical condition such as asthma or heart disease, it's not unreasonable for your doctor to suggest waiting about ten days to two weeks to see whether or not you have a virus, for which antibiotics won't work."

If symptoms have lingered for more than two weeks, or if they include chest pain, coughing up blood, a fever of more than 102°F or a stiff neck, call your doctor. You should also watch for the following symptoms, which could indicate a more serious problem that may require prescription medications:

**Symptoms:** Congestion, postnasal drip, painful sinuses, a feeling of facial swelling, toothache, fatique and fever

• Could be: Sinus infection

**Symptoms:** Flu symptoms that briefly improve, but are followed by a worsening of symptoms including high fever, cough, shortness of breath and chest pains

• Could be: Pneumonia

**Symptoms:** Congestion; thin, clear drainage from nose; itchy eyes, nose, throat and inner ears that recur seasonally

• **Could be:** Allergies

**Symptoms:** A dry cough that after a few days brings up mucus from the lungs, mild fever and fatigue

Could be: Bronchitis

# Easy Ways to Battle the Bugs Don't Bug Me

#### By Arricca Elin SanSone

Despite your best efforts, sometimes the bug wins. "When you have a viral infection, you can't do much except weather the storm," says Benjamin Asher, M.D., chairman of the committee on alternative medicine for the American Academy of Otolaryngology. "The good news is most run their course in seven to fourteen days." To find relief from symptoms, try these solutions.

#### Drink up.

Any kind of fluid (except caffeine and alcohol, which can have a diuretic affect) helps thin mucus, making it easier to expel by nose-blowing or coughing.

Baby your throat. To ease a dry cough, stimulate saliva flow by sucking on lozenges or drinking fluids. A humidifier may also help, but you need to clean it regularly to prevent mold. If your throat is sore, sip hot decaffeinated tea with honey. Gargling with salt water (half a teaspoon of salt for every half cup of warm water) several times a day may also help.

#### Treat your nose with TLC.

"Blowing your nose too hard can force mucus into your middle ear, causing it to fill with fluid, or rupture your eardrum," says Anita Jackson, M.D., M.P.H., FACS, FAAOA, spokeswoman for the American Academy of Otolaryngology—Head and Neck Surgery. Always pat your nose dry, rather than wiping it, and use lotion-treated tissues. If your nose is red or raw, dab a petroleum-based ointment such as Vaseline on its outer edges. Use a saline gel inside your nostrils or a humidifier in your bedroom to prevent nasal passages from drying out or bleeding.

#### Stir up some soup.

Chicken soup can help ease cold symptoms, according to a University of Nebraska Medical Center study. Researchers aren't sure how it works, but even the canned kind may contain anti-inflammatory mechanisms that ease the symptoms of upper respiratory tract infections. It also provides nutrition and helps prevent dehydration.

#### Get steamv.

The steam from a hot shower or bath may help relieve congestion. Applying a warm washcloth or compress to the sinus area can also provide relief.

#### Know when to surrender.

If you're so tired you can barely keep your eyes open and your head feels like it's stuffed with cotton, stay home. "Most of us feel guilty about staying in bed, but the earliest days of the infection are when you're the most contagious," says Vincenza Snow, M.D., senior medical associate for the American College of Physicians. "Give yourself permission to rest; your body needs all the energy it can get to fight an infection."

# Choosing an OTC Medication Don't Bug Me

#### By Arricca Elin SanSone

When you're sick, it's tempting to look for a medicine that covers everything from congestion to muscle aches. "Many products combat a multitude of symptoms, but that's not always advisable," says Magaly Rodriguez de Bittner, Pharm.D., associate professor at the University of Maryland School of Pharmacy. With so many components, these products may not contain enough of what you need for the symptoms you have. It's also unnecessary to treat symptoms you're not experiencing, says Rodriguez de Bittner.

If you have an underlying medical condition such as asthma, heart disease or high blood pressure, talk to your doctor and pharmacist before taking any over-the-counter (OTC) medications since they can raise blood pressure or interact with prescription medications.

Product	What it does	What you should know
Cough syrup	Expectorants liquefy mucus so it can be coughed up, while suppressants relax the cough reflex so you can sleep	Avoid suppressants if you have a productive cough, which helps prevent secondary infections
Saline nasal spray	Thins mucus and moistens nasal cavity	Safe to use frequently
Nasal decongestant spray	Decreases swelling in nasal membranes so you can breathe through your nose	May become addictive after a few days or cause increased congestion
Oral decongestant	Reduces blood flow to the nasal membranes, improves air flow and decreases sinus pressure	Side effects include nervousness, light-headedness, dry mouth and an increase in blood pressure and heart rate
Antihistamine	Reduces sneezing and drainage	May cause grogginess, though newer non-sedating OTC formulas are available